New vaccine study blasted by researcher, Congressman

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cantly increase the risk of autism or other developmental problems. The two-phase study initially involved 124,170 children at two HMOs, with the second phase adding 16,717 children from a separate HMO. The researchers say results from one of the two HMOs in Phase I showed a correlation between cumulative thimerosal exposure at three months of age and tics, and results from the other HMO showed a correlation between cumulative exposure at three and seven months and increased risk of language delay. In Phase II, they say, no significant associations between thimerosal exposure and developmental problems were seen. Verstraeten et al. conclude, "No consistent significant associations were found between thimerosal-containing vaccines and neurodevelopmental outcomes."

Weldon notes that Verstraeten, who previously worked for the CDC, now works for GlaxoSmithKline, a vaccine manufacturer facing liability over thimerosal-containing vaccines. He also is troubled by the fact that the CDC, which agreed to provide data from the Vaccine Safety Datalink (VSD) database to independent researchers, gave Geier and his colleagues datasets with no usable data.

Geneticist Mark Geier, whose own research shows a strong correlation between thimerosal-containing vaccines and developmental disorders, including autism, (see ARRI 17/2), strongly disagrees with the Verstraeten report. Geier says that the study contradicts Verstraeten et al.'s own earlier analysis of the data, which found strong links between vaccines and neurodevelopmental problems, including autism and speech delays. He charges that the new paper is designed to cover up the results of the first analysis, and claims that the current study "is intentional fraud."

Congressman Dave Weldon, an M.D. himself, is also expressing strong concerns about the study, saying that any attempt to cover up negative findings about vaccines "undermines public confidence." Weldon says that he has carefully studied the current research, earlier versions of the data analysis, and transcripts of a meeting involving Verstraeten, the CDC, and vaccine industry representatives. "A review of these documents," he says, "leaves me very concerned that rather than seeking to understand whether or not some children were exposed to harmful levels of mercury in childhood vaccines in the 1990s, there may have been a selective use of the data to make the associations in the earliest study disappear."

Weldon notes that the initial version of the study, produced in February 2000, found a relative risk for autism of 2.48 for children with high thimerosal exposure, which "meets the legal standard of proof exceeding 2.0." In addition, the first study found evidence of an association between high thimerosal exposure and neurodevelopmental disorders in general. A second version of the study in June 2000, he says, "applied various data manipulations to reduce the autism association to 1.69," including adding data from the third HMO whose records, according to Weldon, "had been in shambles for years."

Moreover, he says, documents reveal that at a June 2000 meeting in Simpsonwood, Georgia involving the study author, the CDC, and vaccine manufacturers, attendees acknowledged a statistically significant relationship between thimerosal and adverse outcomes, and then discussed ways to make the data appear less alarming by altering exclusion criteria and other factors.

In addition, Weldon notes that Verstraeten, who previously worked for the CDC, now works for GlaxoSmithKline, a vaccine manufacturer facing liability over thimerosal-containing vaccines. He also is troubled by the fact that the CDC, which agreed to provide data from the Vaccine Safety Datalink (VSD) database to independent researchers, gave Geier and his colleagues datasets with no usable data. "The treatment that these well-published researchers have received from the CDC thus far has been abysmal and embarrassing," he says. Weldon has called on Julie Gerberding, the new director of the CDC, to work with him to "ensure that a full, fair, and independent review is made of the VSD database to fully examine this matter."

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"Safety of thimerosal-containing vaccines: a two-phased study of computerized health maintenance organization databases," T. Verstraeten, R. L. Davis, F. DeStefano, T. A. Lieu, P. H. Rhodes, S. B. Black, H. Shinefield, and R. T. Chen, *Pediatrics*, Vol. 112, Vol. 5, November 2003, 1039-48. Address: F. DeStefano, Epidemic Intelligence Service Program, Epidemiology Program Office, Centers for Disease Control and Prevention, Atlanta, GA 30333.

—and—

Correspondence from Congressman Dave Weldon to Julie L. Gerberding, Director, Centers for Disease Control and Prevention, October 31, 2003.

—and—

"New study disputes vaccine, autism link," Associated Press, November 5, 2003.

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New Geier study again shows thimerosal risk

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The researchers say that "in light of the results of this and previous studies, thimerosal should be removed immediately from all childhood vaccines." While the government recommended four years ago that vaccine manufacturers remove thimerosal from pediatric vaccines, David Geier recently commented in a television interview, "It is not out of the vaccines. It is clearly in many of the vaccines given to children and it's not one or two. We're talking about hundreds of thousands of children who are receiving the full amount of thimerosal from some of the vaccines today."

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"An assessment of the impact of thimerosal on childhood neurodevelopmental disorders," David A. Geier and Mark R. Geier, *Pediatric Rehabilitation*, Vol. 6, No. 2, April-June 2003, 97-102. Address: Mark R. Geier, Genetic Centers of America, 14 Redgate Court, Silver Spring, MD 20905, mgeier@erols.com.

Nutrients as effective as Ritalin, study concludes

Food supplements can treat attention deficit hyperactivity disorder (ADHD) as effectively as Ritalin, according to a recent study by Karen Harding and colleagues.

The researchers divided 20 hyperactive children into two groups, giving one group Ritalin (5-15 mg two to three times daily) and the other dietary supplements consisting of a multivitamin-mineral supplement, phytonutrients, essential fatty acids and phospholipids, probiotics, and amino acids.

Harding et al. say test results showed marked gains in both groups, with no significant differences between the two. "Thus," they say, "the effect of Ritalin versus dietary supplement treatment was found to be essentially the same, and both treatments were found to be effective after four weeks of use."

Saying that their findings "support the effectiveness of food supplement treatment in improving attention and self-control in children with ADHD," the researchers add that studies targeting nutritional treatments to the specific, laboratory-determined risk factors of individual children with ADHD would be likely to achieve even better outcomes.

Editor's Note: And the supplements are healthful, unlike Ritalin!

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"Outcome-based comparison of Ritalin versus food-supplement treated children with ADHD," K. L. Harding, R. D. Judah, and C. Gant, *Alternative Medicine Review*, Vol. 8, No. 3, August 2003, 319-30. Address: Charles Gant, National Integrated Health Associates, 5225 Wisconsin Avenue, Suite 401, Washington, DC 20015, drgantspractice@aol.com.